



## WHAT YOU NEED TO DO PRIOR TO ENROLMENT

- ☑ Obtain a Customer Reference number (CRN) from Centrelink/FAO. Ensure you ask CentreLink to assess your family for Child Care Benefit. This will enable you to access a Child Care Benefit percentage, which assists us to calculate your fees. **YOUR CHILD CANNOT COMMENCE AT THIS CENTRE UNTIL YOU HAVE A CRN**
- ☑ Complete the **INDIVIDUAL CHILD'S ROUTINE form** (if your child is under 2 years) and the **ENROLMENT form**. All sections must be completed with supporting documentation as necessary in order for your child to commence.
- ☑ Your child's Immunisation History Statement from Medicare must be provided to the centre and a copy of up to date immunisations will be made for your child's file
- ☑ Birth Certificate- a copy will be made and placed in your child's file
- ☑ Payment of bond: \$100 per family. This is paid prior to commencement of care to guarantee your child's place. **This bond is held in trust and is credited to your account. It is refunded after your child ceases care with us, following 2 weeks' written notice**
- ☑ **Fees are to be paid on the FIRST day of attendance each week at the centre and are to be paid two (2) weeks in advance at all times.** Failure to do so will incur a fee, loss of bond to recover fees and a loss of placement at the centre.
- ☑ Arrange a pre-enrolment orientation visit. This is important for you and your child/ren to become familiar with the centre and team and to ask any remaining questions. Parents/guardians are to remain at the centre for duration of pre-enrolment orientation visits. The best times to see us in action is between 9am and 11am, but please confirm this with our Director prior to your orientation visit.

## FAMILY ORIENTATION



We believe new families should be introduced to the centre in a manner that is warm, friendly and ensures parents feel confident about what we provide for children. We aim to acknowledge the importance of a cohesive approach to the care of young children between families and educators at our Centre. You should enjoy the opportunity to become familiar with the Centre policies and routines and a range of information that makes your time at the Centre a responsible and enjoyable one. The following checklist is for all new families to ensure that all necessary information is disseminated.

An orientation and interview will be facilitated, outlining and clarifying centre policies, goals, program objectives and information regarding children and the families enrolling at Echidna Children's Centre.

Extensive policies can be located in the internal foyer. Our policies satisfy all regulatory and governing bodies' requirements. All families are encouraged to read these policies at their leisure but the policies must remain at the centre at all times. Please ask a staff member for assistance.

Our 'Centre Administration Folder' contains numerous forms that families may need to access from time to time. This is also located in the internal foyer.

### **Please ensure the following items have been addressed/explained at your orientation:**

- ✓ Sufficient time to view the Centre's policies
- ✓ Positive Suggestion and Grievance Policy and its' procedures
- ✓ Meetings information
- ✓ Centre's communication process
- ✓ Management of the centre
- ✓ Child Protection and Mandatory Reporting Policies and Procedures
- ✓ Importance of our Confidentiality/Privacy Policy
- ✓ Checklist- 'What You Need To Do Prior To Enrolment'
- ✓ Enrolment Form
- ✓ Ages and number of children we are licensed to serve
- ✓ Hours and days of operation
- ✓ The various program options, which includes a description of our program's education methods and philosophy
- ✓ The 'Medication, Health and Safety: Policies and Procedures' and overview of the policy prior to your child's attendance
- ✓ Policy for the exclusion of unwell children from the program, notification of families if children become unwell whilst at the Centre and our policy for notifying families of a contagious illness and/or accident at the Centre
- ✓ Policy for administering medication to the child when authorized by a parent or General Practitioner
- ✓ Policy for administering First Aid and the source of emergency medical care
- ✓ Policy and procedure for excursions
- ✓ 'Positive Behaviour Guidance' policy and procedures
- ✓ Our 'Nutrition' policy
- ✓ A parent's right to visit our Centre at any time: an 'Open Door' policy
- ✓ The state licensing department telephone number (DECS) and address



**FAMILY ORIENTATION ACCEPTANCE AND FEEDBACK**

All of our new families will complete Orientation before they commence at Echidna Children's Centre. If there are any aspects of our policies, routines, etc, that require further clarification we encourage you to discuss these with the Director. Families are encouraged to evaluate the orientation process and provide feedback in writing so that we can continue to provide a positive experience for our families and children. We invite you to complete the form below and return it to the Director after the completion of your Orientation.

Family Name:

**SUGGESTIONS AND FEEDBACK ABOUT YOUR ORIENTATION EXPERIENCE:**

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I have completed my family's Orientation and understand all the policies and procedures outlined in the Orientation process. I have discussed any areas that I felt needed further clarification with the Director.

Signature:   
(Parent)

Date:

Signature:   
(Director)

Date:



**CONFIDENTIAL INFORMATION**  
**Student's Personal Details**

**Interview Date**

**Commencement Date**

**Office Use Only**

Immunisation

Bond

Reg'n Fee

CCB%

CCB-1Child %

CCB-2 Child %

Parent Folder

Birth Certificate

Child's Surname

Given Name/s

Preferred Name/s

Sex Male  Female  Child's CRN

Date of Birth (dd/mm/yy)

Address

Suburb  Post Code

Telephone **Home**  **Work**  **Mobile**

Cultural Background  Language/s Spoken

Religion (optional)

Name of Siblings  Age

Age

Age

Are any of the siblings listed enrolled in any type of registered care that is subsidised by Child Care Benefit?  
YES  NO

Days Attending (please tick)

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approximate times of attendance  to  (eg. 8:30am to 4:00pm)

FAMILY DETAILS			
	Parent One	Parent Two	Other Name (Known By)
Name			
Address			
D.O.B.			
C.R.N.			
Home Phone			
Mobile			
Work Place			
Occupation			
Nationality			
Email			

**AUTHORISATION FOR THE COLLECTION OF THE CHILD**

If you wish for another person to collect your child, you will need to notify Echidna Children's Centre either in person or by phone. The person will need to provide photo ID which the Echidna staff will copy and maintain on the child's file. We will also compare their signature to that provided below.

***I hereby authorize the staff at Echidna Children's Centre to give access of my child to the following people:***

		Address	Contact Number/s
1	Name:  Sample Signature:		P: M: W:
2	Name:  Sample Signature:		P: M: W:
3	Name:  Sample Signature:		P: M: W:
4	Name:  Sample Signature:		P: M: W:

*In the event that I wish to alter any of the above I agree to provide copies of relevant documentation eg. samples of signatures, Court Orders and/or changes to Court Orders. Do any Court Orders apply to the child detailed on this enrolment form? YES  NO*

*If 'YES', a copy of any existing Court Orders must be attached to this form for the Centre's file. A copy of any Court Orders must be attached.*

***If a Court Order applies to this child but has not been provided to Echidna Children's Centre, the staff at Echidna Children's Centre have no legal right to deny access to the child's parents/guardians.***

**PRIORITY OF ACCESS TO CARE (GOVERNMENT REGULATIONS) Please circle 'Yes' or 'No'**

PRIORITY 1	Is this child at risk of harm, abuse or neglect?	YES NO
PRIORITY 2 Is this child part of a family in which...	You are a single parent that is working?	YES NO
	Both parents are working?	YES NO
	You are studying for future employment?	YES NO
	You are actively seeking employment or training?	YES NO
PRIORITY 3	Any other child	YES NO

**HEALTH AND EMERGENCY DETAILS**  
(Please refer to the *Centre Health Policy*)

**Emergency Contact: if we are unable to contact you**

Name:  Contact Number/s:

Address:  Post Code:

Relationship to child:

**Health Details**

Family Doctor:  Contact Number:

Address:  Post Code:

Family Dentist:  Contact Number:

Medicare Number:

Does this family have private health insurance? Yes  No

If 'YES', which private health fund maintains your cover?

Are your child's immunisations up to date? Yes  No  (Please provide proof of immunisation)

*The Centre reserves the right to deny placement to children who are not immunized in the interests of the health and safety of staff and other children at the Centre. If you are considered a genuine 'conscientious objector' please discuss this with the Director.*

Has your child ever experienced any language, speech, physical or other health related difficulties? Yes  No

Is your child currently under treatment with a short or long term medication? Yes  No

If 'YES', please specify the name of the medication and the condition it treats.

**Please see our Centre Health Policy and complete a Medication form which are found in the foyer of the Centre.**

Does your child suffer from asthma? Yes  No

**If 'YES', please complete the attached Asthma Record Card together with your doctor, indicating the Asthma Management Plan.**

Is your child allergic or intolerant to any foods? Yes  No

If 'YES', please specify them.

Does your child have any other allergies or conditions? Yes  No

If 'YES', what is the allergy/condition?

**If 'YES', please complete the final page on this enrolment form. Please also provide a management plan from your child's doctor which includes signs/symptoms of the allergy or condition. Children with serious allergies and/or conditions will not be admitted for care unless an updated management plan is provided.**

### Permission For Staff To Act In Case Of Emergency Or Accident

Every care will be taken of your child whilst at Echidna. In the event of an accident or illness requiring emergency medical, dental, hospital or ambulance treatment it is necessary for authority to be given for treatment to be undertaken. Parents will be informed immediately if emergency treatment is required. Parents are required to complete the following:

I,  hereby authorize the staff at *Echidna Children's Centre* to seek and carry out urgent medical, dental or hospital treatment or Ambulance Service/transportation of my child should this be considered necessary.

Signature:

Date:

Witnessed:

### Permission to administer Panadol or Nurofen

Unfortunately, at times children do become ill while in care at the Centre. To ensure a high temperature is quickly controlled, it is necessary for the consent form below to be completed.

***I hereby give my permission for the staff at Echidna Children's Centre to administer Panadol (paracetamol) or Nurofen to my child should he/she have a fever and all other methods to lower the temperature have been unsuccessful, eg. Tepid sponging, removal of excess clothing, increased intake of fluids.***

The Centre provides for the use of Panadol Elixir for children and Children's Nurofen. If I wish for my child to have an alternative form of or brand of paracetamol, then I will provide it for my children at the Centre. I understand that Panquil or Phenergan are not suitable alternatives. I understand that every effort will be made to notify me (or other nominated responsible adult), as my child may need to be collected from the Centre immediately. If contact is unable to be made, then, in the interests of the health and comfort of my child, the Panadol (paracetamol) or Nurofen will be administered. *(Please refer to the Centre Health Policy)*.  **Parents will be informed if this procedure will be or has been implemented.** I **DO/DO NOT** give permission for the staff of Echidna Children's Centre to administer the correct dosage of Panadol/Nurofen if needed for my child and all other methods of temperature reduction have failed.

Parent's Name:

Director's Name:

Signature:

Signature:

Date:

Date:

Does your child have any other allergies? Yes  No  **If yes, please complete last page of this enrolment form.**

**Permission for the Application of First Aid and Health Products**

The following First Aid products are contained in the Centre's First Aid kit and in other areas of the Centre. Please delete those which you **DO NOT** wish the staff to use/apply on your child.

Child's Name:  D.O.B.:  Current Date:

	<b>Basic First Aid Products OH&amp;S Regulation 2001 Standards</b>		<b>Additional Products</b>
1	Triangular bandages 110x110x150cm	21	Sorbolene, zinc and caster oil cream
2	Roller bandages 50mm	22	Calomine lotion
3	Roller bandages 100mm	23	Savlon or similar soothing cream
4	Adhesive strips	24	
5	Dressings: non-adhesive 7.5x7.5cm	25	
6	Wound dressings No.15	26	
7	Adhesive dressing tape roll 25mm x 5m	27	
8	Scissors- sharp/blunt 12.5cm	28	
9	Forceps- 110mm	29	
10	Antiseptic swabs	30	
11	Eye irrigation- sodium chloride 30mL	31	
12	Eye pads- sterile	32	
13	Safety pins- assorted	33	
14	Emergency blanket 127cm x 200cm	34	
15	Gloves- latex	35	
16	First Aid booklet	36	
17	Plastic bag- resealable (small)	37	
18	Plastic bag- resealable (medium)	38	
19	Plastic bag- resealable (large)	39	
20	Sunscreen SPF 30+	40	

I agree that the above First Aid products, other than those I have deleted, may be applied/used for my child as basic First Aid treatment.

Parent's Signature:  Director's Signature:

**Child's Routine**

**Is your child able to use:** Toilet with help  Toilet independently  In nappies

Are there any words that mean 'toilet' to your child?

Does your child rest or sleep during the day? Yes  No

If 'YES' please specify the time/s.



Does your child require a bottle? Yes  No

Which of the following does your child have at sleep?

If 'YES', approximately which time/s of the day?

Does your child have particular routines on being put down to sleep/rest?

Are there any important language or cue words to be used at this time?

Does your child have any particular dietary requirements? Yes  No

If 'YES', please specify:

Is there any food your child particularly likes?

Or dislikes?

Are there any particular requirements for meal times?

Does your child feed him/herself at home? Yes  No  With assistance

### General Needs

Does your child have a deep fear about particular things?

Are there any words that we need to know that have special meaning for your child? Please translate if necessary.

Has your child attended other children's services (incl playgroup) or been cared for outside the home?

Does your child attend another service at present? Yes  No

Does your child become upset when left with other people?

What do you love about your child that you think we should know about?

How would you like us to help your child this year? What do you want for your child at Echidna? Are there any particular areas of concern?

What interests your child at present?

Any further information which you feel may assist us in providing the service best suited to your needs and the needs of your child?

Do you have any skills that you would like to contribute to the program?

### Photo and Observation Consent Form

During the year the staff would like to capture special moments of play based discovery and occasions that your child participates in at the Centre. These will be in the form of photographs, written observations and videos. With your permission, we would like to include your child in our photos, observations and videos to assist with planning and programming for your child and that of his/her peers. Most photos and footage will be contained to use within the Centre for children's portfolios. These portfolios are given to families at the conclusion of each year and periodically throughout the year when requested. Others may be used in publications relating to the Centre such as our website, newsletters and advertising. However these will be used with your specific prior consent. It must also be noted that due to the social nature of learning and play in Early Childhood, other children's images may feature from time to time in your child's portfolios and vice versa. We respect parents' right to view these portfolios for their personal perusal only and we also expect that all families will respect the privacy of all children in the Centre.

I hereby give my permission for the staff of Echidna Children's Centre to capture special moments of my child. I understand that these photos will not be used in promotional material relating to the Centre without my prior written consent. I understand that photographs will be displayed in portfolios and/or newsletters and that my child's photograph may in appear in another child's portfolio for observation purposes.

Parent's Signature:  Date:

### Late Fee Authorisation

Should none of the authorized persons including myself have collected my child at the closure of the Centre, I give permission for the Centre to make whatever provisions are deemed necessary to secure the care of my child and I agree to pay a late fee of \$5.00 per minute for each minute after official closing time of the Centre. I understand that this late fee will be billed to me immediately and that my child cannot attend the Centre until this debt has been settled.

Parent's Signature:  Date:

Witnessed:  Date:

### Acknowledgement Form

As the parent/guardian of the child referred to in this enrolment form, I confirm that the information provided is true and correct and will be relied upon by the staff at *Echidna Children's Centre*.

The parent/guardian agrees to notify the service immediately should there be any change in circumstances from the details as outlined in the enrolment form, including living arrangements of the child and/or parent/guardian within seven (7) days of the date of such a change.

The parent/guardian agrees to keep fees paid two weeks in advance at all times. **If your family's fees fall one (1) week in arrears your child/ren's place at the Centre will be forfeited** and your child/ren will no longer be able to attend the Centre. All fees outstanding by more than one (1) week will incur a late fee charge of \$20.00 each week that fees remain outstanding in addition to the forfeiture of placement at the Centre.

The parent/guardian agrees to pay outstanding child care fees and cancellation fees where applicable together with all debt recovery expenses including mercantile agent's fees, court costs and legal fees reasonably incurred by the Centre.

In the case of a default the parent/guardian acknowledges that any enrolment information specifically required for the

purpose of debt recovery and identification of individuals in default may be forwarded to Legal and Commercial Recoveries and legal recovery action.

I understand that in the case of a default on payment for child care fees, enrolment details may be listed on the National Default Registry for a period of six (6) years and thirty (30) days or until paid in full. This information may be accessed by other care providers at the time of enrolment. Details regarding children will remain confidential.

The parent/guardian acknowledges that care may be refused in the case of a default.

**Parent's Name:**

**Signature:**

**Witnessed:**

**Date:**

***We are looking forward to caring for your child and welcome your family into  
Echidna Children's Centre.***

***If you have any suggestions or concerns feel free to discuss them with any member of staff. We  
welcome parent participation on many levels of the Centre's operations and hope we can develop a  
warm and trusting relationship with you and your child.***



**PERMISSION TO USE CHILD'S IMAGE ON ADVERTISING  
MATERIAL AND WEBSITE**



Echidna Children's Centre advertises and communicates information about the Centre using a range of media, including Internet/website placement and brochures. In order for our advertising products to accurately reflect the Centre, we seek permission for children's images to be used on advertising material for general distribution in print and web based media. Names will not be used unless required and further permission to include them will be sought if necessary. This advertising includes, but is not limited to, the following:

- The Centre's dedicated website, which is also linked to [www.shellharbourkids.gov.au](http://www.shellharbourkids.gov.au) and Yellow Pages
- Flyers, brochures, posters and information packs
- Newspaper articles and special features(which may also be available online)

Please indicate below your stance on permitting your child's image to be featured on any of our advertising material, including our website, BY COMPLETING ONLY ONE OF THE FOLLOWING STATEMENTS.

**1. PERMISSION GIVEN FOR CHILD'S IMAGE/PHOTOGRAPH TO BE USED**

I **DO** give permission for images and photographs of my child \_\_\_\_\_  
to be included in advertising material, both in print and online.

Parent/Carer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. PERMISSION DECLINED FOR CHILD'S IMAGE/PHOTOGRAPH TO BE USED**

I **DO NOT** give permission for images and photographs of my child \_\_\_\_\_  
to be included in advertising material, both in print and online.

Parent/Carer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Individual Child Routine

Children aged 0-2 years



Date: \_\_\_/\_\_\_/\_\_\_

Child's name: \_\_\_\_\_

D.O.B: \_\_\_/\_\_\_/\_\_\_      Age of child: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Primary Caregiver: \_\_\_\_\_

Cultural Considerations

Are there any cultural routines or other considerations you would like us to implement or be aware of?

\_\_\_\_\_

\_\_\_\_\_

Sleeping Routine

Pre-sleep routines: \_\_\_\_\_

\_\_\_\_\_

How many sleeps on a typical day? \_\_\_\_\_ a.m.: \_\_\_\_\_ to \_\_\_\_\_ p.m.: \_\_\_\_\_ to \_\_\_\_\_

Length of sleep: \_\_\_\_\_ Preferred sleeping position: \_\_\_\_\_

Waking behavior/routine: \_\_\_\_\_

Special sleeping concerns: \_\_\_\_\_

Eating Routine

Solid Food: \_\_\_\_\_

Usual time/s of day: \_\_\_\_\_

Allergies: \_\_\_\_\_

Food dislikes and/or eating difficulties: \_\_\_\_\_

Some of the items on the Echidna menu feature eggs which can occasionally cause reactions in children under 12 months of age. Children under 12 months will not be given foods containing eggs unless the child has been exposed to eggs at home without any adverse reaction.

If your child is younger than 12 months, have they tried eggs? Yes  No

If yes, did you notice any adverse reactions? Yes  No

Food preferences: \_\_\_\_\_  
\_\_\_\_\_

Special diet/requests: \_\_\_\_\_

Specific concerns: \_\_\_\_\_

***Echidna Children's Centre supports breast feeding and is happy to assist families in continuing this method of feeding if this is each family's wish. Please discuss your needs with the Echidna team.***

***If your child has formula or breast milk please provide it in clearly labeled bottles and containers. In the interests of positive nutrition and dental practices we do not provide fruit juice. Please see the Director if you wish to discuss this.***

Please circle:            bottle            cup

Please indicate your preferences below:

**Formula:** Brand: \_\_\_\_\_ Amount: \_\_\_\_\_ Time/s: \_\_\_\_\_

**Milk:** Type (low fat, full cream, soy, etc): \_\_\_\_\_ Amount: \_\_\_\_\_

Time/s: \_\_\_\_\_

**Breast Milk:** Amount when expressed: \_\_\_\_\_ Time/s: \_\_\_\_\_

#### Introducing Solid Foods

*In line with current research, we recommend introducing infant cereal at around 6 months of age. This should then be followed by pureed vegetables, fruits and juices at 7 months. Protein sources such as cheese, yogurt, cooked beans, meat, fish, chicken and egg yolk can be introduced at around 8 months. At around 10-12 months current recommendations indicate exposure to whole egg can occur, followed by full fat milk at 12 months. We also recommend introducing the use of a cup and spoon to facilitate self help skills at around 8-10 months. If young children indicate readiness prior to these ages, research supports early introduction.*

If you wish to follow our recommendations at the Centre, please sign:

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comforting and Distress

It is inevitable that from time to time children will have episodes of becoming upset. This is more common at rest time. Please assist us in making this time a settled, positive time for your child by providing the following information.

Does your child have a security object? Yes  No  Its name? \_\_\_\_\_

Dummy? Yes  No  When? \_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

Nappy Changing Routine

If your child requires lotion, ointment, etc, please specify the brand and when it is to be applied.  
**Please complete a Nappy Cream form so that we can apply your chosen preparation.**

\_\_\_\_\_

Other Information

Does your child have any needs that are different from those ordinarily facilitated by the Centre's routines and program? Eg: specific exercises/materials, accommodation of specific services

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The needs and services plan that this information provides the basis for  
will be updated every three months.*



*If you would like to update it sooner, please contact the Director or your child's Focus Educator.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Source:** Hutchins, T.(1995) *Babies need more than minding: Planning programs for babies and toddlers in group settings.* Canberra: AECA Inc.

## ALLERGY DETAILS AND ACTION PLAN



Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please insert a recent photograph of your child here.*

My child has an allergy to: \_\_\_\_\_

This allergy is    **mild**                      **moderate**                      **severe**                      **life threatening** (circle one)

### **ACTION PLAN:**

#### **Mild to moderate allergic reaction**

**Symptoms:** \_\_\_\_\_

**Action:** \_\_\_\_\_

#### **Anaphylactic Reaction (severe)**

**Symptoms:** \_\_\_\_\_

**Action:** \_\_\_\_\_

#### *Emergency contacts*

1. \_\_\_\_\_ Number: \_\_\_\_\_

2. \_\_\_\_\_ Number: \_\_\_\_\_

3. \_\_\_\_\_ Number: \_\_\_\_\_

My child's doctor is: \_\_\_\_\_ Number: \_\_\_\_\_

I give permission for this Allergy Management Plan to be displayed in the Centre.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_